

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012063

STATE FILE NUMBER

FILED MAR 17 1959

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 57

300
-57

1. PLACE OF DEATH a. COUNTY Vernon			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 518 E. Arch		Length of stay in lb 7 months	d. STREET ADDRESS (If outside, give location) Rockhill Manor		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARIE Middle DODSWORTH Last DODSWORTH			4. DATE OF DEATH Month March Day 5 Year 1959		
5. SEX F	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 7, 1878		9. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY nil.	11. BIRTHPLACE (City and state or country) Leavenworth, Kansas		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Samuel Dodsworth		13b. MOTHER'S MAIDEN NAME Annie Few		14. NAME OF HUSBAND OR WIFE George Few - Nevada - MO.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT George Few - Nevada - MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chance myocardial insufficiency Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) General arteriosclerosis DUE TO (c) Senility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221					INTERVAL BETWEEN ONSET AND DEATH 7 yrs
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY NEVADA STATE MO.	
21. I attended the deceased from 3/58 to 3-5-59 and last saw her alive on 3-4-59 Death occurred at 5:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE F. B. Martin		(Degree or title) M.D.		22b. ADDRESS Nevada Mo	
22c. DATE SIGNED 3-6-59					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 7, 1959		23c. NAME OF CEMETERY OR CREMATORY Mt. Muncy Cemetery	
23d. LOCATION (City, town, or county) Leavenworth		(State) Kansas			
24. FUNERAL DIRECTOR Ferry Funeral Home		ADDRESS Nevada, Missouri		25. DATE RECD. BY LOCAL REG. 3-11-1959	
26. REGISTRAR'S SIGNATURE Anna B. Jurek					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 19 1959

APR 22 1959

JUN 25 1959

JUN 17 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. *4960*

P. O. Address *[Signature]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.